LOSS CLAIM FORM

Return to Risk Management, Attn. Claims Manager
Northeastern University, 360 Huntington Avenue, 122 SS, Boston MA 02115
Fax: (617)-373-8996 *email: c.paluf@neu.edu*
Questions? Call (617) 373-2690

CONTACT INFORMATION

Name: _____ Campus Address: _____

Address: _____ Campus Phone: _____

_____ Home/Cell: _____

Fax: _____ E-Mail: _____

INCIDENT INFORMATION

Check One: Student: _____ Faculty/Staff: _____

Address Where Incident Occurred: _____ Date/Time of Loss: _____

_____ Police Report #: _____

***required**

NATURE OF LOSS

Description of Loss:

_____

_____

_____

Item	Serial Number (if applicable)	*Replacement Cost	Description of Damage	Location in Room

***A copy of police report and reciept documentating replacement cost must be provided in order for the claim to be considered.**
Do not throw away damaged property. Disposal of damaged items will result in denial of claim.

I certify that these losses were sustained as a result of the incident described above and that this information is true and accurate to the best of my knowledge:

_____ _____

Department Approval Date Claimant Signature Date

FOR OFFICE USE ONLY

_____ _____

Risk Management Approval Date Risk Management Denial Date

Reason for Denial of Claim: _____